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10/674.046 Application Number **CHANGE OF** September 29, 2003 CORRESPONDENCE ADDRESS Filing Date Application Farnsworth First Named Inventor 2617 Art Unit Address to: Commissioner for Patents Smith, Sheila B. **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450. 1578.618 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: Customer Number: 54120 OR Firm or Individual Name Address Address Zip City Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change* (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number 33,922 Registered practitioner named in the application transmittal letter in an application without an executed eath or declaration. See 37 CFR 1.33(a)(1). Registration Number_____ Typed or Printed Robert H. Kelly Name Signature Telephone 214-706-4200 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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